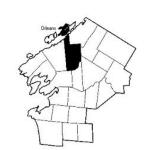
Town of Orleans

Zoning Board of Appeals PO Box 103 20558 Sunrise Avenue LaFargeville, NY 13656 Phone 315-658-9950



Enforcement Officer Lee Shimel 315-658-2057

Fax: 315-658-2513 www.townoforleans.com

APPLICATION FOR VARIANCE PERMIT

Applicant's Name:_____

Address:		
Phone Number (s):		
Describe Location and Boundaries:		
-		
State Use Requested:		
*Note: All applications n	nust be accompanied by two (2) plot pla	ans showing lot dimensions.
• •	ard dimensions. If an area variance is re	9
	with their names and addresses include	
photos are also required showing the area involved. A (\$75) Application fee is required when this application is submitted.		
uns application is subili	itteu.	
DI E 4 (CE DDAM/TO CCALE AND INCLUDE NO	DTH ADDOM/
	SE DRAW TO SCALE AND INCLUDE NO	
•	nformation has been provided and the a	bove statements are true and
correct.		
_		
Date:		
Owner	Purchaser Under Contract	Contractor
Owner	Purchaser Under Contract	Contractor
FOR TOWN USE ONLY_		
Zoning District:	Hearing Results: Grante	d Denied
_	Yes_ No_(a) Cannot Yield Reason	
	Yes_ No_(b) Owner has unique cir	
	(c) Character of Locality	
Date Notice Published:		1 7
Date Notice Published:		
Chairman's Signatura	Data	
Chairman's Signature:	Date	: